

# THE Canadian Hospital

*A Monthly Journal for Hospital Executives*



Toronto, Can.

*The Edwards Publishing Company*

March, 1926

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In This Issue—

Executive Duties of the Dietitian

The Cleaning of Building Exterior

Problems Develop in the Laundry

Economies in the Small Hospital

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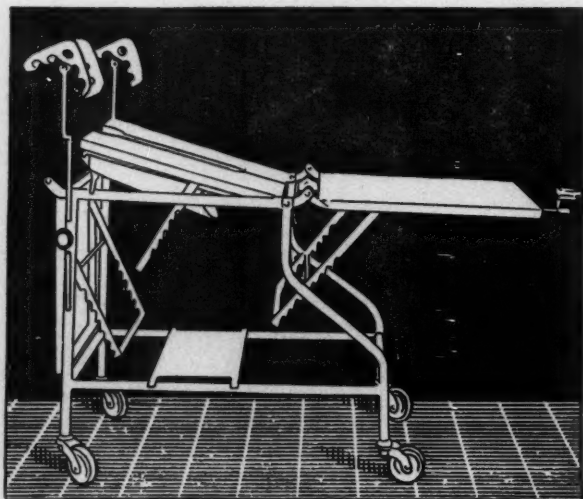
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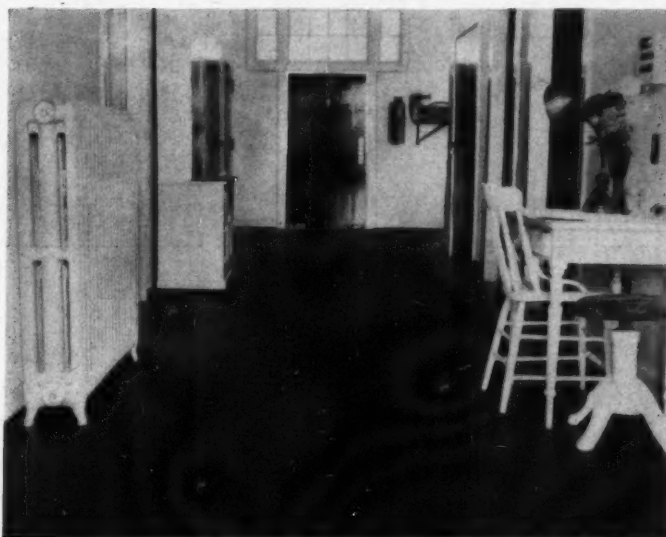
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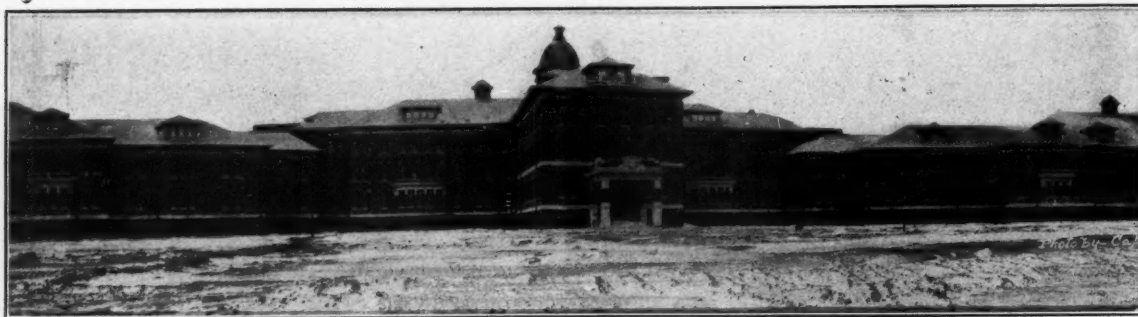


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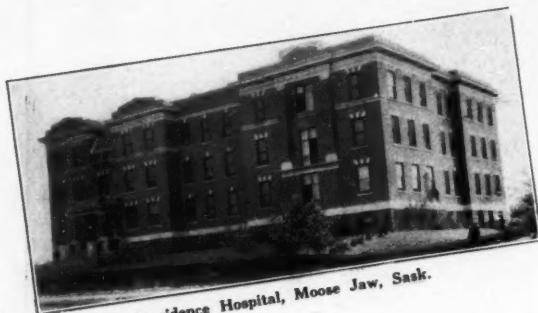
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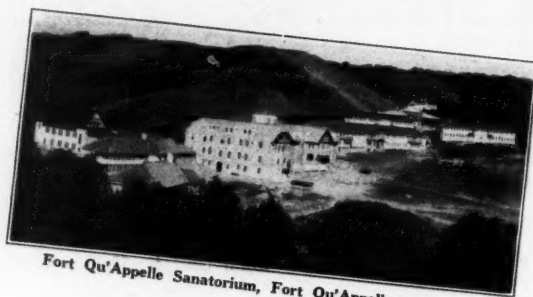




Mental Hospital, Weyburn, Sask.



Providence Hospital, Moose Jaw, Sask.

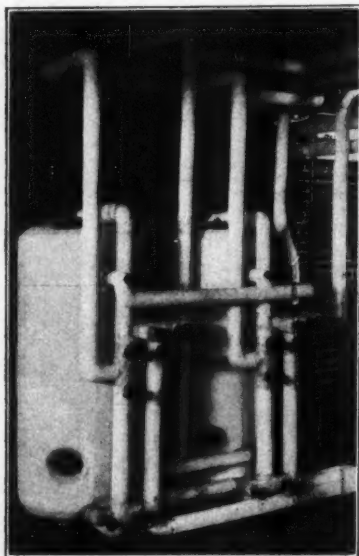


Fort Qu'Appelle Sanatorium, Fort Qu'Appelle, Sask.

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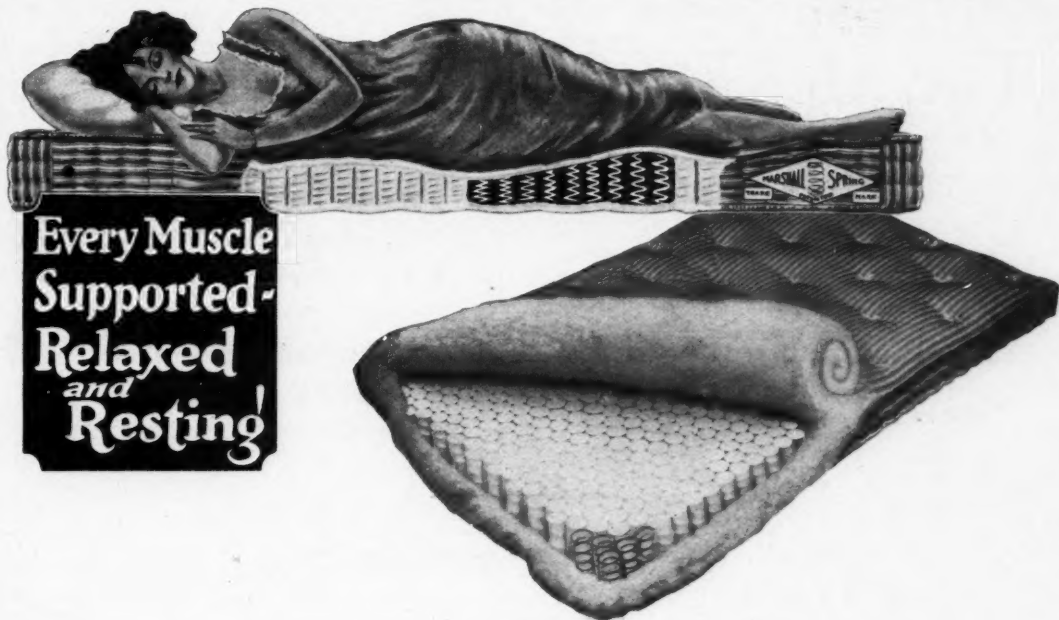
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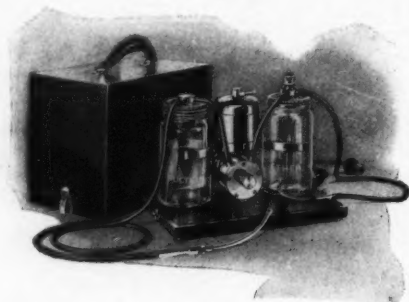
Recent purchasers of Marshall Mattresses are:—St. Martha's Hospital, Antigonish, N.S.; Willett Hospital, Paris, Ont.; Norfolk County Hospital, Simcoe, Ont.

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Published in the interest of Hospital Executives

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OF EVERY MONTH BY

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No. 3

## Officials of Canadian Hospital and Nurses' Associations.

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## A Tax on Luxuries

The suggestion of a Mr. J. W. McConnell, of Montreal, that a small tax be imposed on certain luxuries such as automobiles and liquors in support of the hospitals in that city, is meeting with a great deal of favor. Many of the clergy, the press, welfare and nursing associations, health societies, the Y.W.C.A. and other organizations are endorsing the scheme very energetically.

Mr. McConnell proposes that the Premier of Quebec be authorized by public opinion to impose a special tax, or taxes, upon two classes of luxuries, or semi-luxuries, and he singles out spirituous liquors and automobiles for this purpose. He suggests a tax of two per cent. on the sales of the Quebec Liquor Commission and an additional graded fee for automobile licences, commencing with one dollar on each car up to a value of \$1,000,

and rising to two and three dollars on cars valued up to and over \$3,000. Two per cent. on the sales of the Liquor Commission would amount to no more than seven cents on each bottle sold at \$3.50, and would produce \$360,000 annually. If that sum does not suffice to meet the requirements of the hospitals, a further amount of \$200,000 can be obtained by the proposed motor tax. Mr. McConnell believes that the public, as consumers in one instance and as motor owners in the other, would willingly assume so slight a burden in the interest of a cause so worthy. "The citizens of Montreal," he says, "to my knowledge, have never failed to rise to an emergency, and I do not believe they will fail in this case."

Montreal's hospitals have not in the past been given the support to which they are entitled, and assistance from the city has not compared favorably with other municipalities. If Mr. McConnell's suggestions are adopted it will do much to place the hospitals upon a footing of security that should long ago have been theirs.



## The Hospital Laboratory

According to the replies received from a questionnaire sent to approximately 2,000 hospitals in the United States and Canada, by a committee of the A.H.A., it is apparent that practically all hospitals are attempting to develop laboratory service.

The methods of conducting this department, policies in regard to remuneration of technician and pathologist, convenience, accessibility, service, etc., varies to a considerable extent, and in some cases it is quite possible that the really true function of the laboratory has been overlooked.

As the committee points out: The prime essential to consider in placing the laboratory in the hospital is, first, space and light; second—and fully as important—its easy accessibility to the visiting physicians. The laboratory must be made one of the consulting centres of the hospital, and to this end must be if possible so located as to be of easy access. Third, the ease of getting specimens of the laboratory both from the floors and the operating rooms must be taken into consideration as well as the getting of prompt reports from the laboratory to the various floors. A large amount of space is not an absolute necessity, although it is a real asset if available. However, a great amount of work can be accomplished in a hospital of about 100 beds with laboratory space of approximately 500 square feet. North light is always to be desired. Few basements are so arranged as to make them available for laboratory work, and in this connection, it has been interesting to learn from laboratory equipment houses and X-ray manufacturers that all hospitals are giving more consideration to better space for these two departments.



## Achievements of Canadians

Canadians have done well in many parts of the world in many fields of endeavor, but perhaps in no other calling have they earned such high honors as in hospital work.

Take the city of London, only, for example, and



note the achievements of some of its medical men:

Dr. Thomas Cullens, formerly chief of the department of gynecology at Johns Hopkins, Baltimore, and recognized to-day as one of the foremost authorities in his field, is a former Londoner; in the same institution, Dr. Llewellyn Barker is physician-in-chief. In the Manhattan Hospital, Dr. Fred Fitzgerald, also a Londoner, is head of the eye and ear department.

Mayo Brothers' clinic at Rochester, has as its physician-in-chief, Dr. Leonard Rowntree, of London; in the same place two surgeons of note are Dr. Weir, formerly of Hyde Park, and Dr. McVicar, of London.

The chief physician at the Battle Creek Sanatorium is Dr. Charles Stewart, born at Pond Mills. During the period of the war, the head of the National Hospital in London, England, was Dr. Lewis Yelland, who, from observations on shell-shock cases, developed new methods, which were incorporated in a book, "Hysterical Developments of the Great War." His work is regarded as having opened a new field in the treatment of nervous disorders.

In our own land Dr. Charles Parfitt is head of the Gravenhurst Sanatorium, and regarded as an authority on tuberculosis. At McGill, the chief obstetrician is Dr. Herbert M. Little, of London, while the head of the Provincial Hospital of Manitoba is another Londoner, Dr. Fred Barnes. Dr. Banting, the discoverer of insulin, while not a Londoner, was practicing in that city before he decided to devote his efforts to research.

The list given above is not by any means complete, and other names will suggest themselves to readers of those who have gone from Canadian cities and attained success in medicine, surgery, nursing and hospital administration.



### Plan to Make Each Hospital a Health Centre

When the board of directors and legislative committee of the Ontario Hospital Association met in Toronto on February 6th, members discussed ways and means of making hospitals more accessible for people of ordinary means who were desirous of paying their way. It was felt that, while the poor were well looked after and while the rich man had no problem in paying his bills, the man with an ordinary salary who believed that he should pay his way was faced with many difficulties in taking his sickness to a hospital. All the members favored remedying the situation.

It was decided that this question and the proposal to make all hospitals health centres should be taken up with the Provincial Government, and a delegation representing the association is to wait on the Government in the near future.

The meeting decided that the annual convention of the association be held in Toronto next October. It is to be arranged that hospital superintendents visit Toronto for a week before the convention to study the methods of Toronto hospitals. Hospital trustees are at the time of the convention to have a conference to study their problems, and a further conference is to be arranged for nurses in charge of hospitals.

### Economies in The Small Hospital

BY MISS N. F. BLISS,

Superintendent, Restigouche and Bay Chaleur Soldiers' Memorial Hospital, Campbellton, N.B.

The Restigouche and Bay Chaleur Soldiers' Memorial Hospital has 52 beds. Its personnel includes the superintendent, two head nurses, house doctor and 17 pupil nurses.

In everyday hospital life superintendents realize and practice to the best of their ability close economy, striving to give to the patients the best from every service without extravagance; yet there are always many difficulties to overcome.

#### Some Linen Economies.

On the wards, nurses in their hurry to accomplish daily duties have a knack of using too much linen, although each hospital has its own system of checking linen for wards.

At this hospital probationers on entering are told the cost of bed linen by the piece and cost of linen yearly to the hospital.

All soiled and stained linen is washed out before sending to the laundry (as a future training to nurses in private duty).

Clean linen is given out on a checked list daily.

The laundry, however, finds linen sent down that was barely used. How can we prevent such extravagance? Sometimes the fault lies with special nurses or private duty nurses, sometimes with pupil nurses and maids.

Our hospital makes its own soap. Soap chips are used in the washer; no cleansing agent is used except ammonia and erusticator and oxalic acid used for stains.

The laundry picks out torn linen and sends it to the sewing room, where three members appointed by the Ladies' Hospital Aid repair and replenish the linen stock. This is voluntary service.

#### Other Suggestions.

How can we impress on surgeons the desirability of careful use of sterilized goods? If too much is opened constant re-sterilizing is bad for cottons. There also is the question of extravagant use of iodoform gauze.

To decrease bread wastage, rolled bread crumbs are used for scallops and croutons for soup. Butter balls are most economical. Arrangements are made for the keeping of chickens.

To economize on stationery we have clinical charts, nurses' sheets and doctors' order sheets printed on both sides of the paper. The weekly supply of stationery is ordered on a list and checked up.

Paper bags for soiled dressings are made of newspapers collected and delivered to the hospital by members of the Ladies' Hospital Aid.

From a paper read before a section meeting of the American College of Surgeons, 1925.

### Is Appointed Surgical Consultant

**Halifax**—Dr. H. K. MacDonald, of this city, one of the attending surgeons at the Victoria General Hospital, has been appointed Surgical Consultant at the Nova Scotia Sanatorium, according to a Provincial Government announcement.

# Cleaning of Building Exteriors

*Instruction for the Removal of Grime from  
Limestone, Terra Cotta, Face Brick and  
Rough Stone Structures.*

The importance of maintaining properly the exterior of buildings cannot be too heavily stressed. Buildings dirty with the soot and grime of cities belie the efficiency of operation that may be going on within the building. They present an ugly view to the passerby and property values suffer not only through the unconscious labeling of a building as "dirty" by the public, but the attendant neglect may in time prove seriously damaging.

Not only are the buildings unsightly, but serious deterioration of the exterior walls goes steadily forward through the action of acids which cause corrosion, and in general, aid in the destruction. The principle acids are sulphuric acid, sulphurous acid, hydrogen sulphide and hydrochloric acid. Of course, the most dangerous is sulphuric acid, which changes the character of the stone, making it porous, so that it disintegrates more readily.

Cleaning a building often discloses defects which might otherwise be overlooked. Mortar joints may be found to have weakened, with the result that water can seep through, freeze and make wide cracks in the structure. In any event, whether cleaning is to be done or not, a periodic inspection of exteriors will be found to be sound insurance of the exterior walls, according to Chris Paschen, who cares for the maintenance and cleaning of a number of Chicago buildings, as well as properties in other cities.

Mr. Paschen's recommendation is that, regardless of the material used for exterior walls, inspections should be made at least once in three years. His recommendation is based, not only upon natural wear and tear, but also upon damage done by the vibrations of street cars, heavy trucks, etc., as well as settlement of foundations, due to construction of adjoining buildings and so forth, which have a tendency to loosen the joints and disrupt masonry.

The Atlantic Terra Cotta Company suggest that buildings of concrete and stucco be inspected more frequently, as cracks are more liable to develop in these materials than in some others. They concur that the time for inspections of flat or straight walls should not be less than every third year.

## Parapet Walls.

Parapet walls show more weathering than exterior walls, because they are exposed on two sides, and are not heated from the interior of the building. This means more expansion in hot weather and contraction in cold weather. Cinders and other debris which accumulate on the roof are driven by the wind, and frequently cut the inside wall surface as in sand blasting. Such walls are also subjected to roof expansion strains. The proper or modern construction for parapet walls is to provide an air space to insure more even expansion and contraction, and to allow drainage of water which may seep through. Approved hard, face or paving brick

is often used, and the wall facing the roof is sometimes treated with an asphaltic coating.

## Clean Light Courts.

The construction of buildings on large lot areas generally involves the use of light courts. These courts are usually lined with a glazed white brick which reflects light inside, at least when the surface is clean. Yearly or semi-annual washing of these light courts has become a practice in the higher grade of buildings in cities where soft coal is generally used.

## Repointing.

Aside from cleaning, there is also the problem of weathering. Frost formation in cracks not only spoils the appearance of the exterior, but constitutes a liability. The best safeguard against the damaging effects of frost is in careful periodic inspection of the mortar work and tuckpointing of the building. This work should always be carefully done.

In cases of defective installation or poor materials, removal and replacement should be promptly made. This will avoid later property and personal damage. The cleaning contractor should be required to report on the condition of the brick and terra cotta and joints after each cleaning job.

## Paint Saves Wood and Metal.

Heavy expense, due to replacement of shrunken and rotted wooden window frames may be avoided by the judicious application of paint which protects the surface from the sun and moisture. The inevitable result of neglect of wooden frames is rot, replacement and expense. Metal frames should likewise be protected by a rustproof paint, and its use is even more important. The joining of the exterior wood and masonry sill, and window frames should be carefully pointed and caulked.

## Fire Escapes and Exposed Metal.

Outside metal fire escapes require frequent repainting. In some instances partial replacement has been found necessary where stair rungs or upright members are joined by rivets or bolted to other parts. These places are often inaccessible to paint and brush and are often neglected when under construction. Many portions are hard to reach and cleaning before painting is often slighted so that the brush and paint fail to reach these vital points. Partial dismemberment is often advisable, and in some instances necessary at every second or third repainting. Metal work should be thoroughly wire brushed and scraped before painting. The general practice in Chicago is to paint exterior fire escapes at least every five years. A heavy first coat of strictly pure red lead and linseed oil is recommended and all bare spots should be touched up with this material.

## Theory vs. Practice.

Before giving definite suggestions on cleaning exteriors it may be well to pause and check up on actual field practice. The major expense for cleaning a building exterior is for labor. Whether cleaning is done on the day rate, unit price or on a fixed

Bulletin prepared from data accumulated from members of the National Association of Building Owners and Managers; the Indiana Limestone Quarrymen's Association; the National Terra Cotta Society; The Terra Cotta Service Bureau; Chris Paschen & Co.; the Atlantic Terra Cotta Company; the American Face Brick Association, and the Copper and Brass Research Association.

price basis, speed is the incentive to cut costs. Frequently the cleaning materials to be used are not considered sufficiently as to their damage on the structure.

Plain water, sponges and arm power or labor may be best for the structure, but as the cost of cleaning by this method would be excessive, cleaning agents such as acid may be chosen and frequently are used in order to save time and money.

Hydrofluoric acid has been used as a cleaning agent. It is not only bad for mortar joints, but will destroy the surface of any glass with which it comes in contact. When you see a cleaning operation in process with the windows below covered for protection, the signs indicate that hydrofluoric acid is being used. The risk or liability of using hydrofluoric acid is not confined to the structure for that acid is quick to act on the scaffold rope, and a broken scaffold rope is not a theoretical liability.

Muriatic acid is frequently used. It is bad for mortar joints, but when properly used in dilute solutions and applied on bright days, in hot weather, and is thoroughly rinsed with clean water (lots of it) the cleaning work is done rapidly.

Soap may be sufficient for cleaning, but it stands to reason that far more labor would be needed to soap and water clean a building than by the acid method.

Sand blasting requires more preparation and elaborate protection for sash and trim than a water rinsing cleaning job.

#### **Limestone.**

The cleaning of buildings constructed of Indiana limestone has been done by means of scrubbing with a wire brush, and by sand blasting. This latter method is strongly advised against by the Indiana Limestone Quarrymen's Association, because of the destructive effect upon the texture and finish of the weathered limestone. Acids and chemical cleaning preparations are also undesirable, the association asserts in a bulletin issued on the cleaning of this type of building stone.

The Indiana Limestone Quarrymen assert that under normal conditions of exposure, the stone retains its natural light color through the washing effect of rain, and the bleaching of sun-light. But in solidly built-up districts where atmospheric conditions are unfavorable, and where there is insufficient exposure to the rays of the sun, grime is deposited more rapidly than the natural elements can remove it, and, hence, the cleaning of the stone work is advisable.

The cleaning should be done in the following manner, according to the Quarrymen's Association bulletin:

#### **Cleaning Indiana Limestone.**

The proper method is the simple scrubbing down of the work, using either a standard kitchen soap powder, or common laundry soap, and white sand applied with stiff fibre scrub brushes.

The soap powder or soap should be dissolved by being boiled in water, and it is not only permissible, but usually an advantage to add about five table-spoons of household ammonia to the bucket of water.

The amount of soap required is about 1½ bars to the bucket, or an equivalent quantity of soap powder.

With this preparation, the work should be scrub-

bed down, first wetting the brush and then dipping it freely in the white sand. As the dirt is removed it should be washed down by a stream of water from a hose; this thorough rinsing is important. The operation may have to be repeated where the stone is very dirty.

When the coating of grime is very bad or of long duration, and this scrubbing is not found effective, or in spots where the dirt cannot be removed by this method, it is necessary to resort to the use of the wire brush, but the ordinary course wire brush must not be used, as it cuts and scratches up the surface, making it more susceptible to accumulating a new coating of grime.

In such instances only a very fine wire brush should be used. This type of brush is made of fine spring steel wire with wire bristles about 1½ in. long. The brushes generally used are 2 in. or 2½ in. wide by 7 in. or 8 in. in length.

#### **Rinsing Important.**

The stone work is first gone over dry with this wire brush, and the coating of grime removed. This is followed by the scrubbing with fibre brush and rinsing down as above described. The scrubbing with fibre brush will remove the small particles of steel that become lodged in pores of stone and clean off the dirt that may have been ground into same to some extent by the wire brush. Thorough rinsing is, of course, important, not only to remove the dirt, but also to wet the surface to a little depth, so as to facilitate bleaching in the drying out of the work. For that reason, it is always best to have cleaning done in summer time or during mild, good drying weather.

In the few instances where it is found that neither the ordinary scrubbing down or the use of fine wire brush, along with the scrubbing down will produce the desired results, the only approved method is to have the entire surface gone over and refinished with carborundum, using coarse carborundum to grind off the dirty surface and fine carborundum or sandstone grit to resurface the stone. This is a laborious operation when done by hand on vertical surfaces, and the use of a portable electrically driven carborundum wheel is generally employed.

#### **Refinish With Carborundum.**

Carborundum, whether the hand or machine method is employed, should not be used dry, as it tends to burn and spoil the surface of stone, and, therefore, when used should be accompanied with a copious supply of water. With the machine method the water should be supplied in a continuous stream at pressure from a small hose nozzle.

This carborundum cleaning or resurfacing of stone is recommended for use in extreme instances, such, for instance, as where it is desired to remodel or build an addition to an old Indiana limestone building, and it is desirable to make the new and old work match in appearance.

Sandblast is sometimes employed for this purpose, but cannot be recommended, as it cuts into the surface and destroys the dense skin coat, which the stone itself forms in the pore space adjacent to the surface, in the natural drying out and seasoning process; and, thus, roughens the surface, opening the pores of stone for a new and deeper accumulation of grime. After sand blasting, it must be cleaned more frequently.



### For Removing Stains.

The following formula will remove oil, rust, smoke and other stains from stone. It will not, however, clean a weathered stone, that is, it does not apply to the cleaning of a building that is naturally discolored, neither will it remove a stain that has had years to dry in, but where a stain is not over a year old, this formula will remove same:

"Take two pounds of oxalic acid, mixed with one gallon of water. Wash the stone to be cleaned with this mixture, allowing same time to soak in, then take three pounds of chloride of lime, dissolve in one gallon of hot water and spread over the face of the stone to the depth of about 1/16 of an inch. Leave on for 24 hours, then clean off. If stains are not removed, repeat the application of chloride of lime two or three times."

### Cleaning Face Brick.

The first cleaning of a face brick building comes immediately after the brick wall has been completed. This cleaning is done to remove dirt and spattered mortar. The American Face Brick Association advises that a 5 per cent. solution of muriatic acid be used with a stiff brush. The solution is made by mixing one pint of muriatic acid in four gallons of water. After the acid solution has been used the wall should be rinsed with clean water to prevent deterioration of the mortar.

In cleaning old walls of face brick, the most common method is sand blasting, though acid solutions are also used. The sand blast method is generally preferred, especially when the walls hold an accumulation of several years of grime and soot. The effect of the sand blast is to produce a freshened appearance that can hardly be distinguished from new brick jobs. There is, however, danger of destroying the skin or glazed surface of patent process brick.

### Marble.

The use of marble for exterior facings of buildings is not generally recommended. Where it is in place, it may be cleaned by the use of soap (very little) and water. Acids should only be used where the polished surface has disappeared, and vigorous treatment is necessary to clean the marble. Acids stain and chemically react upon the marble; and also have the effect of destroying mortar in the joints.

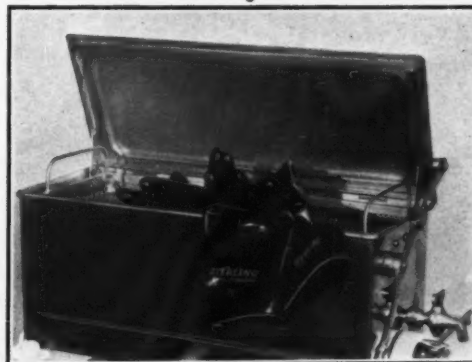
Exterior marble may also be re-surfaced by rubbing with Ohio sandstone, and brought up to a polish if desired. It is, however, not possible to retain a polished surface of marble exposed to the weather, especially in large cities, and in a northern climate, as the softer portions of the stone are eroded by the chemical action of gases in the atmosphere and by frost.

### Costs in General.

The cost of cleaning building exteriors are to an extent dependent upon location, condition and accessibility. The cost of cleaning a small building is proportionately higher because the initial cost of swinging scaffolding and handling apparatus is not widely distributed. In estimating costs, the number of times the scaffold must be hung is taken into consideration. No reduction is made for windows or entrances, because the mouldings around such features are more difficult to clean than plain wall area. For example, a building fifty feet wide

Please refer to *THE CANADIAN HOSPITAL* when writing

## Sterilization



Remarkable sterilizing qualities are built into every pair of **STERLING** seamless rubber gloves.

Many hospitals have reduced their rubber glove consumption by as much as 20 per cent. by specifying **STERLING**.

Constant tests by actual sterilization and use insure quality and uniformity.

The **STERLING** trade mark on rubber goods guarantees all that the name implies.

### Sterling Rubber Company Limited

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves in the British Empire.

## True Economy Effected By Using the Best

**COLEMAN DU PONT**, the many-sided capitalist and chemical manufacturer, once declared that **THE MOST PROFITABLE MEN** he ever employed were **THOSE HE PAID MOST**.

The **BEST** is eventually found to be the **MOST ECONOMICAL**.

Such ideals are ever before us in the manufacture of

## TRISEPTOL

(Hartz)

**HIGH GERMICIDAL POWER** has been secured at a **PRICE** which is **MOST ECONOMICAL** when the **EFFICIENCY** of **TRISEPTOL "Hartz"** is compared with that of other disinfectants.

You will remember the **QUALITY** of **TRISEPTOL "Hartz"** long after you have forgotten its price.

The **QUALITY** goes in before the **PRICE** goes on.

Manufactured by

### The J. F. Hartz Co., Limited

Physicians' and Hospital Supplies

Toronto

Montreal

# We Are Specialists

To secure for our customers the most efficient appliances and preparations for the cleaning and maintenance of their premises is our chief concern.

We specialize in this business and can offer you better service at lower cost.

## Here's a Pail That Soon Saves Its Cost

Because it saves time and labor, this mop-wringer pail saves money. It is specially made for heavy duty and is giving splendid satisfaction in many institutions and other large buildings. Made in 14-quart and 20-quart sizes.



## Mop Wringer

### Janitor Size

This wringer is very popular for heavy duty. It is strongly made and will stand all sorts of hard usage. Made in two sizes, No. 1 for 16 to 24 oz. mops, No. 0 for 20 to 36 oz. mops.

Write for Catalogue and Prices

# Soclean Limited

444 King St. West

TORONTO 2 - CANADA

and one hundred feet high would be considered as five thousand square feet for estimating purposes.

A word of warning should be given here, because of the responsibility which is placed on the cleaning contractor. For the proper cleaning of a building exterior, the contractor's ability and experience should be given due consideration. The low bidder may not be the cheapest in the long run. Some managers have had unfortunate experiences when their building exterior was being cleaned. Considerable working capital is required by the contractor to provide for his payroll. The financial backing of the contractor is therefore important. The same practice holds true as for placing contracts for other work. We emphasize again that the cleaning contractor should have experience, be financially able to carry out his contract, and perform the work in a satisfactory way.

### Cleaning Cost.

The prices below for cleaning are general. Prices from Contractor A and B are marked where there was a variation:

Cleaning Exterior, per Sq. Ft.	A Cents.	B Cents.
Glazed terra cotta, average office building .....	6	2 to 5
Glazed terra cotta, with modeled detail .....	7 or 8	
Brick (sand blasting) .....	7 or 8	3½ to 5
Bedford stone (hand cleaned) .....	12	
Bedford stone (sand blast) .....	7 to 9	7 to 8

### Tuck Pointing Cost.

The prices quoted below are for pointing up when the building is being cleaned, so that the work can be done as the cleaning progresses. The cost is higher if scaffolding and all apparatus have to be supplied for pointing only.

	Cents per Sq. Ft.
Terra Cotta .....	5½
Stone .....	5½
Brick .....	8

For general pointing of a building, another contractor submitted average prices as follows:

	Cents per Sq. Ft.
Terra Cotta .....	8
Stone .....	7
Brick .....	12

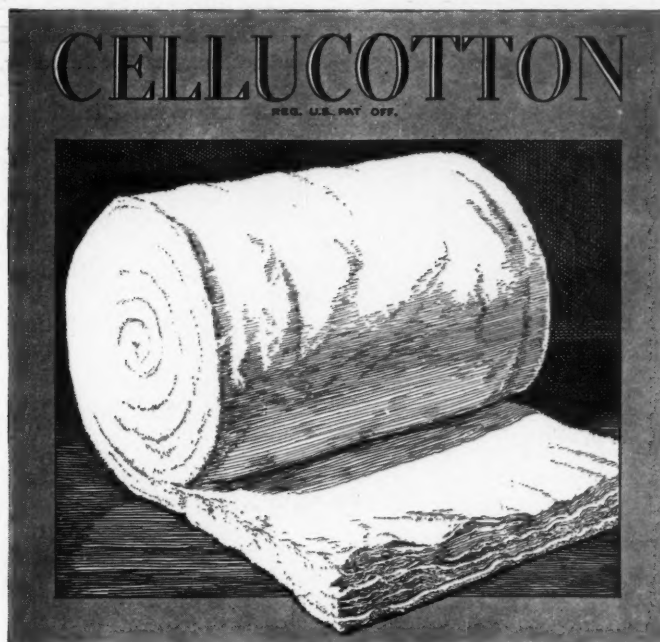
### Joins Nursing Staff at New Hospital

**Iroquois Falls, Ont.**—Miss Marjory Stevens, who has been supervisor and instructor at the Orthopaedic Hospital in Toronto for the past year and a half, has resigned to join the nursing staff of the new Anson General Hospital in Iroquois Falls.

### Sister Loretto is Superintendent of Nurses

**London, Ont.**—Sister Loretto has been appointed Superintendent of Nurses at St. Joseph's Hospital here to succeed Sister Patricia, who has been transferred to Stettler, Alta., to take charge of the Roman Catholic Hospital there. Sister Austin and Sister Jane Frances will accompany Sister Patricia to Stettler.

Please refer to THE CANADIAN HOSPITAL when writing



Today a majority of all hospitals in the country use from 100 to 9000 pounds of Cellucotton each year. And they use it primarily because of its greater effectiveness—secondarily because of its economy.

# The most useful absorbent ever known to hospitals

*... please let us explain to you its many uses and economies*

## GLANCE at these Facts

1. Cellucotton absorbs from 5 to 8 times more drainage before saturation than most grades of absorbent cotton.
2. It retains more liquid before leakage takes place.
3. It absorbs 3 to 5 times as fast as absorbent cotton.
4. It draws fluid against gravity. It serves as a wick instead of a dam.
5. Fluid penetrates to every part of the Cellucotton dressing.
6. On account of its bulk it makes more dressings per pound than absorbent cotton.
7. It is light, cool and comfortable for the patient.
8. Its cost is relatively lower than that of grades of absorbent cotton which it can replace.

LIKE most of the recent vital improvements in surgical practice, Cellucotton was born during the bitter years of the war. A child of necessity, it soon earned recognition as the perfect absorbent for surgical dressings.

Because it is three to four times as absorbent as cotton, and far superior for most uses, first one important hospital, then another, then many adopted it for surgical work.

Today a majority of all hospitals in the country use from 100 to 9000 pounds of Cellucotton each year. And they use it primarily because of its greater effectiveness—secondarily because of its economy.

## Take advantage of this offer

We should like to help those hospitals which already use Cellucotton, to find new and better uses for it.

And we should like to have those hospitals which are *not* using Cellucotton give it a fair and impartial trial.

Please, in justice to yourself and to this remarkable product, take advantage of the convenient method of getting at the facts, which we offer you below. This offer is made in the spirit of service to present users as well as to those who have not yet fully made up their minds regarding Cellucotton.

LEWIS MANUFACTURING CO.  
(Division of Kendall Mills, Inc.) Walpole, Mass., U.S.A.

### Canadian Sales Agents:

Toronto, Ont., H. L. Brown & Co., 624 King Street, West;  
Winnipeg, Man., Gibson-Paterson, Ltd., 171 Market Street, East; St. John, N. B., R. H. Paterson, P. O. Box 143.

## Trial OFFER

LEWIS MANUFACTURING CO.		C. H. 3
Walpole, Mass.		
Please send me the items I have checked.		
Set of sample Cellucotton dressings.....	<input type="checkbox"/>	
A generous Cellucotton sample.....	<input type="checkbox"/>	
The "Recipe Book" of Cellucotton uses.....	<input type="checkbox"/>	
Quotation on trial order of 100 lbs.....	<input type="checkbox"/>	
Name.....		
.....		

Please refer to THE CANADIAN HOSPITAL when writing.



# Flexibility and Comfort



Only in the Cantilever Shoe can you find true Cantilever comfort, for it is made to really fit the foot, instead of trying to force the foot to fit it. The Flexible Arch allows the foot to flex or bend naturally in the alternate up-and-down movement of walking.



The naturally shaped sole and slight extension of the heel shift the body-weight to the outer part of the foot, where it should be, and tend to strengthen the muscles. Other special features, too, give Ease and Comfort which, most people say, is unequalled by any other shoe.

## Cantilever Shoe

All this Comfort and Good Looks, combined, costs less per month than ordinary shoes of cheaper grade, because of the excellent materials used in Cantilever Shoes and their saving on hosiery.

### MAIL ORDER SERVICE

*If it is not convenient for you to visit one of the stores listed below, write to the Toronto branch. Mail orders receive careful attention.*

## Cantilever Shoe Shops

TORONTO—7½ Queen St. East  
HAMILTON—3 John St. North  
MONTREAL—Keefer Bldg., St. Catherine St. W.  
OTTAWA—241 Slater St., Jackson Bldg.  
SAINT JOHN, N.B.—Waterbury & Rising Limited  
HALIFAX—Wallace Bros.  
SUDBURY—F. M. Stafford Limited  
WINNIPEG—Hudson's Bay Company  
SASKATOON—Royal Shoe Store  
PORT ARTHUR—McNulty's Limited  
REGINA—Yale Shoe, Limited  
EDMONTON—Hudson's Bay Company  
CALGARY—Hudson's Bay Company  
VANCOUVER—Hudson's Bay Company  
VICTORIA—Hudson's Bay Company

## Methods of Testing Sterilizers

BY SISTER MARY SETON,

Superintendent, Halifax Infirmary, Halifax, N.S.

What are the best methods of testing sterilizers to see that they work efficiently?

How often should this be done?

Sterilization by moist heat under high pressure is now the generally accepted practice of operating-room sterilization. It provides a wider range of adaptability and does not injure or ruin materials and secures effective penetration of all material in the sterilizer.

The most effective sterilization is obtained in the autoclave equipped with automatic air and condensation ejector, hence all valves and the dial or indicator should be kept in perfect order. The slightest inaccuracy noted should receive immediate attention.

The various methods of checking efficient sterilization are:

The use of the Diack control.

Muslin saturated with tincture of iodine and allowed to dry. All color is removed by sterilization.

After sterilization a sample of the gauze is cultured in the laboratory.

Tubes containing spore-bearing bacteria are placed in the autoclave and are then returned to the laboratory checking up in the hospital of infection.

If each month as the report is made out and there have been no institutional infections following operations on clean cases, we may rest assured our sterilizers are in order.

If, on the other hand, the number of post-operative infections runs up, it would require more frequent testing of the apparatus.

In the infirmary we have tried the first three methods and all have proved that the results obtained were satisfactory.

If the generally accepted opinion that an exposure of 15 to 20 minutes at a temperature of 115 to 120 degrees Centigrade is sufficient to kill all organisms, dressings and other material used in surgical work, submitted to the same process must bring about satisfactory results.

As to the determining how often these tests should be carried out, would it not depend largely on the type of sterilizer used and the amount of work done?

## Meeting of Medical Staff

Brantford—The regular meeting of the medical staff of the Brantford General Hospital was held on February 11th. Dr. W. D. Wiley, president, was in the chair. The annual report for 1925 was submitted and reviewed. Those present, in addition to the chairman, were: Dr. T. H. Bier, Dr. N. W. Bragg, Dr. J. R. Calder, Dr. J. E. Carson, Dr. C. D. Chapin, Dr. L. H. Coates, Dr. R. W. Digby, Dr. E. Gamble, Dr. G. M. Hanna, Dr. G. Harris, Dr. D. A. Morrison, Dr. W. H. Nichol, Dr. R. H. Palmer, Dr. H. I. Palmer, Dr. J. A. Phillips, Dr. T. V. Plewes, Dr. E. R. Secord, Dr. E. A. Smith.

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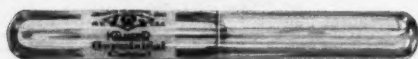


JEFFERSON HOSPITAL, PHILADELPHIA  
*The New Samuel Gustine Thompson Annex*

*A FAMOUS HOSPITAL WHERE D&G SUTURES ARE USED*

## Kalmerid Catgut

**G**ERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.†



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

### TWO VARIETIES

BOILABLE*		NON-BOILABLE
NO.		NO.
1205.....	PLAIN CATGUT.....	1405
1225.....	10-DAY CHROMIC.....	1425
1245.....	20-DAY CHROMIC.....	1445
1285.....	40-DAY CHROMIC.....	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size...\$ 3.00  
Gross or more, net per gross.... 28.80

## Claustro-Thermal Catgut

**A**SEPTIC—not germicidal. For surgeons who prefer an inert suture, unimpregnated with any bactericidal substance. Sterilized by heat in cumol, after the tubes are sealed, at 165° C.—329° F. Boilable.\* Unusually flexible for boilable catgut.

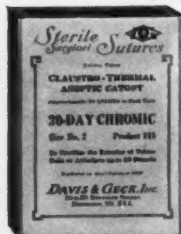


NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size...\$ 3.00  
Gross or more, net per gross.... 28.80



STANDARD PACKAGE

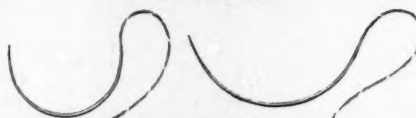
\*For sterilizing the exterior of tubes preliminary to operating, not only may they be boiled but they even may be autoclaved up to thirty pounds pressure, any number of times, without the slightest impairment of the sutures.

## Atraumatic Needles

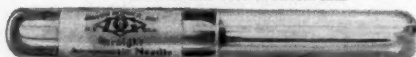
**F**OR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.\*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

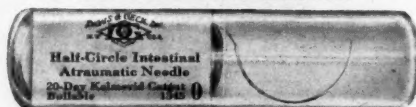
THEY DO NOT BEND HERE



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.		INCHES IN TUBE	DOZEN
1341..	STRAIGHT NEEDLE.....	28.....	\$3.00
1342..	TWO STRAIGHT NEEDLES...	36.....	3.60
1343..	3/8-CIRCLE NEEDLE.....	28.....	3.60
1345..	1/2-CIRCLE NEEDLE.....	28.....	3.60

Gross, net, \$28.80 and \$34.56 respectively

Sizes: 0 and 1

Packages of 12 tubes of one kind and size

## Kangaroo Tendons

**G**ERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately 30 days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size...\$ 3.00  
Gross or more, net per gross.... 28.80

DAVIS & GECK INC. • 211 TO 221 DUFFIELD STREET • BROOKLYN, N.Y., U.S.A.

Carriage paid anywhere in the world



## Non-Absorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000,00,0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..84.....	00,0,1	
400..BLACK SILKWORM GUT..84.....	00,0,1	
450..WHITE TWISTED SILK....60.....	000 TO 3	
460..BLACK TWISTED SILK....60.....	000,0,2	
480..WHITE BRAIDED SILK....60.....	00,0,2,4	
490..BLACK BRAIDED SILK....60.....	00,1,4	

### BOILABLE

Package of 12 tubes of a size....\$ 3.00  
Gross or more, net per gross..... 28.80

## Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
812..10-DAY KALMERID "	..20..00,0,1,2,3	
822..20-DAY KALMERID "	..20..00,0,1,2,3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT...28.....	0	
882..WHITE TWISTED SILK.....20.....	000,0,2	
892..UMBILICAL TAPE.....24...1/8-IN. WIDE		

### BOILABLE

Package of 12 tubes of a size....\$ 1.50  
Gross or more, net per gross..... 14.40

## Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
914..10-DAY KALMERID "	..20..00,0,1,2,3	
924..20-DAY KALMERID "	..20..00,0,1,2,3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...28.....	0	
984..WHITE TWISTED SILK.....20.....	000,0,2	

### BOILABLE

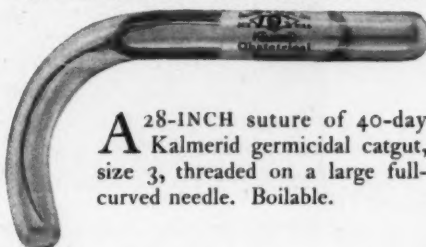
Package of 12 tubes of a size....\$ 2.40  
Gross or more, net per gross..... 23.04

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process



## Obstetrical Sutures

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.

No. 650. Package of one tube.....\$ .30  
Gross or more, net per gross..... 34.56

## Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.

No. 600. Package of 12 tubes....\$ 3.00  
Gross or more, net per gross..... 28.80

## Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

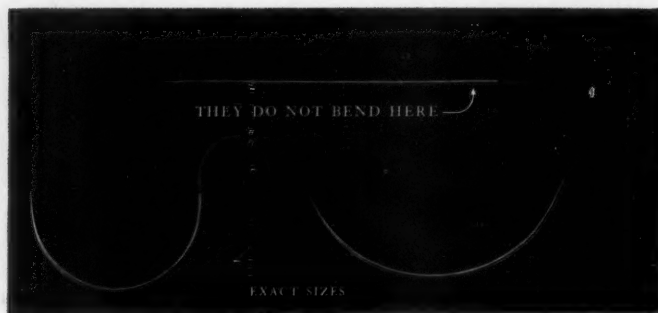
†Potassium-mercuric-iodide is one of the best germicides known. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues. It is the ideal bactericide for the preparation of germicidal sutures.

DAVIS & GECK INC. • 211 TO 221 DUFFIELD STREET • BROOKLYN, N.Y., U.S.A.

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# D&G ATRAUMATIC NEEDLE

## *with suture attached*



*For gastro-intestinal suturing and for all membranes  
where minimized suture trauma is desirable*

**IMPROVED FEATURES:** Unimpaired strength at union with suture;  
firmly and permanently affixed; absolute continuity of needle and suture

## Affixed to the Boilable Grade of 20-Day Kalmerid Germicidal Catgut

which experimental evidence has proven to be the ideal  
gastro-intestinal suture. Its absorption time is correct;  
it is germicidal; it is flexible



PRODUCT NO.	IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE	DOZEN TUBES
1341. A straight intestinal needle affixed to a 28-inch suture.....		\$3.00
1342. Two straight intestinal needles affixed to a 36-inch suture.....		3.60
1343. A $\frac{3}{8}$ -circle intestinal needle affixed to a 28-inch suture.....		3.60
1345. A half-circle intestinal needle affixed to a 28-inch suture.....		3.60

SIZES: O AND I

20 PER CENT DISCOUNT ON A GROSS OR MORE—POSTPAID

DAVIS & GECK INC. • 211 TO 221 DUFFIELD STREET • BROOKLYN, N.Y., U.S.A.

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## Abitibi Opens General Hospital at Iroquois Falls

The Anson General Hospital, at Iroquois Falls, Ont., erected and equipped by the Abitibi Power & Paper Co. for admission and treatment of employees and also of the general public of the North country, was officially declared open at a public function that was held here on February 5th. Following an inspection of the buildings, a meeting was held in St. Mark's Parish Hall. Mr. R. A. McInnis, general manager of the Abitibi Power & Paper Co., was chairman. A gold key to the door of the building was formally presented to Dr. W. E. George, District M.O.H., representing the Ontario Department of Health, to Dr. H. Maitland Young, formerly of Montreal, superintendent of the hospital. Among those present were the T. & N. O. Commission, officials of the Abitibi Co., District General Superintendent Humphrey of the C.P.R., North Bay; J. O. McKerrow and J. H. McDonald, North Bay; the mayors of Cochrane and Iroquois Falls and representatives of the leading newspapers. Another gathering will be held at a later date, when the new hospital will be introduced to the medical profession.

In the course of a personally conducted tour of the new hospital building, the visitors were given glimpses of the extreme care and attention to detail that has characterized the erection and selection of equipment for the institution. The building is finished in stucco. It is designed along scientific and artistic lines. There are three floors and a basement. The front section of the ground floor is occupied principally with administrative offices, where records will be kept and the general administration of the building will take place. In the west wing is an elaborately equipped doctors' office suite, which corresponds to a small out-patients' department and consists of a large waiting-room, consultation rooms, two examining rooms, a small treatment and surgical room, clinical laboratory and dispensary. There is also a dental operating room with the most up-to-date equipment.

## \$250,000 to be Expended on Misericordia Hospital

An extension to Misericordia Hospital, Winnipeg, involving the expenditure of \$250,000, will be made this spring.

J. B. Viau, of Viau & Venne, Montreal, architects, has prepared plans for the new wing.

The enlargement is to be made on the Wolesley Avenue end of the hospital. The body of the hospital will be extended to take in an area 40 feet by 50 feet. At the end of this extension a new wing will be built, with floor space of 150 feet by 46 feet, and four storeys high.

The added space will provide room for 60 more beds for the hospital. On the ground floor of the new section will be the admission office and rooms for the interns.

The second and third storeys will be given up to hospital wards. On the top storey there will be six new operating rooms, an X-ray room, doctors studying room and sterilization room.

Other alterations to the main body of the hospital are under consideration, and will be undertaken later.



**Ladies' Oxfords  
and Straps  
\$11.00  
Men's  
\$12.00 & \$13.00**

## Endorsed by leading Medical Authorities

Doctors, nurses, physical directors all wear and **recommend** Taplin Natural Tread Shoes.

Their low, broad heels, flexible uppers and lines that conform to the natural contours of the foot assure that comfort and restful ease of movement that is so indispensable in the nursing profession.

Made in only one shape—the correct shape of the foot—but in all widths and sizes for men or women.

Let us give you foot comfort with a pair of stylish shoes that are fashioned to fit your individual feet. Our foot experts will advise you—they'll be glad to.

If you live out of the city, send for our self-measurement chart and descriptive catalogue. We can fit you correctly and comfortably by mail.

### TAPLIN NATURAL TREAD SHOES

**New Store      Ltd.**  
**32 King Street West**  
**TORONTO**

# Taplin Natural Tread Shoes

Please refer to *THE CANADIAN HOSPITAL* when writing



## WHOLESALE DEALERS

IN  
**POULTRY  
EGGS  
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FEATHERS**

*Now Supplying*

Royal Victoria Hospital  
Montreal General Hospital  
Notre Dame Hospital  
Montreal Hospital for  
Incurables  
Western Hospital  
And Many Others

## *Dependability!*

**We pride ourselves  
upon our ability to  
serve.**

**May we have an  
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## DIETETICS

### The Place of the Dietitian in the Hospital

BY EVA M. McMILLAN,  
Department of Household Science,  
University of Toronto.

At the present time people are becoming intensely interested in the economic and hygienic aspects of nutrition and are beginning to realize the need for a proper and an adequate diet. A busy physician does not care to keep in mind all the essential details of a scientific dietary and cannot attend to all that the subject involves, hence the dietitian has a very important part to play. One of the most important phases of the dietitian's work is the service she can render the physician in the care of his patients and she should stand ready to serve him in this capacity at all times.

The dietitian should consider herself the teacher of every patient in the hospital in the principles of a proper diet. She should make bedside visits to the patients, with the physician, to make suggestions and to report on the dietary care of the patients. Thus the physician should always be able to place the responsibility for the patient's diet directly upon the dietitian, and the patient will know that the doctor and dietitian are working together. This will give the patient greater confidence in the dietitian. Following the directions of the physician the dietitian will put greater effort and show more interest in her work if she knows her patient. She should be informed of the effect of the diet upon the patient, if he eats all his food, and whether he enjoys it.

Instructing the patient is an essential part of the dietitian's work. It is very difficult for the patient to believe that food has much influence on a speedy recovery and it is only by understanding that he can be induced to co-operate. Any patient going home on a special diet should receive proper instructions. This may be done at the bedside, or if patients are able to be up before leaving the hospital they may be taught food combination and preparation in groups, by means of lectures and demonstrations. There is an advantage in group teaching since people profit by one another's questions, also the patient loses his fear of the dietetic treatment when he understands its relationship to his individual needs and realizes that others require similar treatment. Hence the dietitian should make these lectures and demonstrations very practical, anticipating and discussing problems that may arise in the patient's home, thus giving him confidence in his own ability to successfully carry out the doctor's orders.

The Arabs established hospitals in Spain as early as the eighth century.

Please refer to THE CANADIAN HOSPITAL when writing

## Problems in the Laundry

*Many Failures Attributed to the Laundering Process are Really Pre-existing Defects Uncovered in the Cleaning.*

Before going into the details of Textile Fibre, its structure, its composition and other data of a technical nature which it is essential a laundryman understand, a broad discussion pointing out the responsibility of the manufacturer, the responsibility of the user and the responsibility of the laundryman is advisable. With this prefatory word we have prepared this article for you, and we trust it will be a source of interest and profit.

The psychology of the attitude of the average person toward the power laundry presents an odd and colorful picture.

To him is delegated the responsibility of cleansing garments and the owner of the latter expects everything back but the dirt!

That is all well and good as far as it goes, but we must admit that the laundry is entitled to have a sound piece of goods to start with.

In other words, the responsibility for the life of the garment is not solely that of the laundry, but indeed a collective one involving the textile manufacturer, user, and laundry.

The initial responsibility rests with the producers of textiles, and much of their future depends upon the fabrication of the cloth, the quality of the yarn and fibre, and fastness of colors.

The makers of certain yarns and fabrics use care in selecting the proper stock for their product for the simple reason that the fibres must have certain mechanical characteristics to permit conversion into the desired thread, yarn, etc. Textile machinery has been developed to a high state of perfection and the mechanical properties of the fibres must meet the requirements of the machinery. While it is true that the mechanical phase of textile manufacture is highly developed, the opposite is true of the equally important chemical phase of the processes.

### Processes in the Textile Mill.

In the case of cotton fabrics, the fibres are not usually submitted to any chemical process until the yarn has been woven into cloth. In most cases the warp threads are given a coating of sizing material (consisting of starches, gums, clay, paraffin, etc.) to aid in the process of weaving. After weaving, the fabric is submitted to the "bleaching" process to remove the natural cotton impurities and sizing materials.

The first step in the bleaching process is the "Singeing" operation which is usually accomplished by passing the rapidly moving cloth (under tension) over gas burners or iron rolls heated to a cherry red. In this operation the fibre ends or fuzz are burned off and great care must be employed to avoid a slowing down of the machinery and consequent over-exposure of the cloth to the flame.

In some cases the sizing is removed by a preliminary soaking or "wetting out" in dilute acid or

From a paper prepared by the Cowles Detergent Co., Cleveland.

(Continued on page 26.)

## Effect of Curds on Infant Digestion

The amount of casein in cow's milk is much greater than in human milk, and it coagulates very much earlier in the infant's stomach forming itself into large, tough masses of curd, while the casein of human milk coagulates much later and sometimes not at all, accounting for the light, flocculent appearance of the curds of human milk, which are quite soft and even in texture.

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## News of Hospitals and Staffs

*Condensed News of Hospitals and  
Allied Institutions from Coast to Coast*

### Nurses Get Eight-Hour Day

**Regina**—On the recommendation of the hospital superintendent, the Regina General Hospital Board at their regular meeting approved a system of eight-hour working days for nurses. The plan, which is an innovation for the hospital, will go into effect as soon as can be arranged.

### Historic Quebec Hospital Burned

**Quebec**—Fire on February 6th destroyed one of the city's historic buildings, the Mackay Hospital on St. Foye Road. It was on the site of this hospital that the house of General Murray, who succeeded General James Wolfe, following the latter's death at the capture of Quebec, once stood. The famous Intendant Bigot had also lived there.

### To Start Work on S.A. Hospital

**Calgary**—Work will commence almost immediately on the alterations of the old Bishop Pinkham College, which will be converted into a Salvation Army Maternity Hospital, according to an announcement made by Commissioner C. T. Rich, territorial commander for Canada West. The work will be supervised by Adjutant A. Lekson, the army architect.

### Addition to Ontario Hospital at London

**London, Ont.**—One hundred new beds will be placed in the Ontario Hospital in July, following the completion of the present alterations and additions, which represent a total expenditure of approximately \$8,000. This was announced by Dr. W. J. Robinson, hospital superintendent.

The large balconies at the west end of the building are being completely renovated, and when finished will accommodate some 100 extra patients.

### Isolation Hospital Under Discussion

**Kitchener**—Unless the plans of the Kitchener and Waterloo Boards of Health miscarry, these communities will shortly have a joint Isolation Hospital. Each municipality has a separate but inadequately equipped isolation hospital at present. It has been suggested that a section of the old Nurses' Home of the Kitchener and Waterloo Hospital be utilized. As this is on the main street in Kitchener, and adjacent to the Waterloo boundary, this suggestion has found considerable favor with those interested.

### Takes Position on Surgical Staff

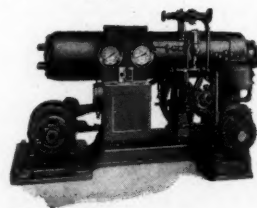
**Toronto**—Miss Ruth Connor, of Madoc, and a graduate of Toronto General Hospital, has accepted a position on the surgical staff of that hospital.

### Surgeons Will Resume Studies

**Kingston**—Six of the house surgeons of the General Hospital are leaving about the middle of March to resume studies for their final medical examinations. They are: Dr. Duncan, Dr. Invell, Dr. Murphy, Dr. Burley, Dr. Gaiser and Dr. Ellis.

### Hospital Contracts Are Awarded

**Regina**—The general contract for the construction of the new wing and power house of the Regina Grey Nuns' Hospital has been awarded to Smith Bros. & Wilson, Ltd., Regina, at a price of \$93,352. The plumbing and heating contract goes to the Regina Plumbing & Heating Co. at their bid of \$17,560.



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### Nurse is Given "Shower"

**Halifax**—The doctors, nurses and dietitians at the Nova Scotia Sanatorium honored Miss Mae Macdonnell at a shower a short time ago in anticipation of her approaching marriage. Miss Macdonnell has been attached to the nursing staff at the sanatorium for some years and has won for herself the love and admiration of all those with whom she has come in contact.

J. Aucoin presented the gifts, which included a lustre salad bowl, with silver spoons, half dozen dessert forks and berry spoon, an ivory handled carving set, and a bon-bon dish, among other things.

Dancing and six tables of bridge furnished the entertainment for the evening, after which lunch was served. Miss Mabel Drake, assistant matron at the sanatorium, acted in the capacity of hostess for this occasion.

### Sanatorium Planned in B.C.

**Vancouver**—A large medical sanatorium and hunting lodge will be built this summer by a Vancouver syndicate, in Vapor Valley, a virginal tract of land 135 miles from Vancouver between Fort Douglas and Lillooet Lake.

Hot and cold mineral springs of sparkling water believed to contain beneficial medicinal qualities, and at the same time being pleasant to the taste, gush from different points in the valley, for which reason prospectors last year called the spot Vapor Valley.

The hot water will be piped through the sanatorium with its own pressure and used to heat the building.

Splendid fishing is available, and grouse and partidge are plentiful, while mule deer, sheep, goats, martin and fox abound. Bears and bigger game may be found along isolated streams.

### Dr. A. H. Baker Addresses Rotarians

**Medicine Hat**—Dr. A. H. Baker, medical superintendent, Central Alberta Sanatorium, Keith, Alta., delivered a most interesting and instructive address to the members of the Medicine Hat Rotary Club at their luncheon in the Assiniboia Hotel. The subject of Dr. Baker's address was "Progress in Tuberculous Work."

"Public health, in so far as it is related to preventable diseases and defective physical conditions," he said, "has a commercial value and may be purchased at a price. A few years ago the town of Framingham, Mass., with the assistance of the Metropolitan Life Insurance Co., put on a seven-year health programme, to see just what could be done in a town of seventeen thousand people."

Among other findings were noted:

1. A reduction in infant mortality of 40 per cent.
2. A reduction in the tuberculous death rate of 68 per cent.

The results were purchased at a cost of two dollars and seventy-five cents per person per annum. The previous expenditure had been forty cents per person per annum."

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# Executive Duties of the Dietitian

By MISS LENNA F. COOPER.

*A Discussion of the Managerial Duties of the Dietitian and Her Relation to the Other Executives of the Hospital.*

Dean, Home Economics Department, Battle Creek College, Battle Creek, Mich.

The duties of the dietitian have been described as "threefold (a) administrative, (b) teaching, (c) scientific." It is the purpose of this paper to discuss the administrative or managerial duties only, and to discuss them as they relate primarily to our college courses of study included under the general term, "institutional management."

To the speaker it would seem that the very first problem is one of self-adjustment, i.e., "to know thyself in thy new field" (with apologies to Plato). The dietitian, if in a hospital, often finds herself in the atmosphere of a military organization, as many hospitals still cling to the type of discipline and ethics of the organization with which they were associated in their inception. This is sometimes difficult for the college bred girl whose whole college career has trained her to be self-reliant and subservient to none. "Forewarned is to be forearmed." She should be made to realize that hospitals are gradually getting away from this austerity and that there is no greater field for real social endeavor than that of the hospital dietitian.

## Must Know Organization.

One must not only familiarize herself with the customs and ethics of the place, but the ideals, purpose and the organization as well. She must know the type of organization, the personnel or "who's who." She must know her relation to the superintendent, the director of nurses, the steward, the doctors and heads of departments and their relation to each other. In other words, she must know how her own department interlocks with every other department. She must not only know what duties might logically be expected of her, but what are actually assigned to her by the "powers that be," in her given position.

Her second problem is to organize (or reorganize) her own department. She must be able to visualize the work not merely in its entirety but in its separate units, such as the preliminary preparation of vegetables, fruits, etc., the cooking and serving of foods, dishwashing and cleaning. To do this she must know the duties usually assigned to the personnel of such a department. Friction is likely to occur if the chef is asked to do what ordinarily is done by the butcher.

The selection of the personnel is the big problem in connection with the organization. She must not only know the necessary qualifications for the incumbent of the job, including the physical, mental and moral fitness, but the training or experience needed. She must know how and where to obtain her help and the value to be placed upon recommendations and the personal reactions of the applicant to questions and tests.

From a paper read before 1925 convention of American Home Economics Association, San Francisco.

## Personnel Problems.

Having organized her department, she must also manage it. All of the problems of personnel management will be hers. Not only must she "hire and fire," but she must "count the cost" of her labor turnover, realizing that few hospitals can afford a high turnover. Suitable rewards must be provided, and it will indeed tax the ingenuity of the dietitian to make her employees feel that honest labor is anything more than its own reward when she is perhaps limited by a fixed daily wage.

It will be invaluable to her if she shall have learned some of the racial characteristics of foreign help, especially if she is located in a large city. The feeding of foreign help so as to produce a satisfied worker is sometimes a problem.

Not only is personnel management important, but she must also be able to score herself as a "boss."

Since the industrial world is the field in which personnel management has come to the fore, the dietitian will be fortunate if she has as a background a familiarity with the literature relative to industrial organization and management.

## Management of Materials.

Her next problem will be the management of materials. First of all, she must determine what her supplies shall be—in other words, plan her menus. This duty may properly be classified as "scientific," but it also involves managerial responsibility. The menus must be planned with reference to available equipment, so as not to exceed the capacity of ovens, kettles or steamers; they must be planned with reference to the personnel—the kind and amount of help available. She must "route" her food supply from the time it arrives at her institution until it is consumed or cared for as garbage. This will mean planning for its being received, having favorable conditions and suitable space for storage, the preparation before cooking as well as the cooking, serving and caring for waste. She must also be responsible for its getting to the ultimate consumer, the patient, the nurse or employee. These processes must be carefully timed or "scheduled," otherwise the machinery of the whole institution goes wrong. In order that the food supply be economically handled, it will often be necessary to arrange or rearrange the equipment and even the housing of the department. She may even be called upon to advise relative to the planning and equipment of a new building. For all of this her previous study of architecture and building construction will be of inestimable value.

The selection of new equipment is a pleasant responsibility, but involves an expenditure of considerable money. It is usually not wise to ask for such expenditures unless able to prove a saving thereby. This means a careful study of hand labor versus that of machinery. Having purchased new

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equipment, it is the responsibility of the dietitian to see that it is properly cared for and kept in good repair. For this specific and detailed directions, preferably in printed or typewritten form, are advisable. Her knowledge of physics will play her well here.

The problem of the cleaning of the department is often a stumbling block to the success of the dietitian. Even though she may have had good training in her college, it is quite likely that it may not have been emphasized to the point of hospital standards. Since the diet kitchen is often one of the first departments of instruction for the student nurse, it is important that it should set the standard in order and cleanliness that will be carried by her to her other departments of labor and instruction.

### Accurate Records Necessary.

The problem of finances is a most harrowing one at times. It is always hard to "make bricks without straw," but if one is expected to do so, one should be fully informed of the fact. The dietitian should be allowed to operate under a budget; she must, therefore, know how to budget her expenses and keep within her budget.

She must keep careful and accurate records of supplies purchased, cost, quality and from where purchased. She will find such records of immeasurable value in making future purchase. Her records should also show supplies on hand. She must be able to inventory. All bills should be checked to correspond with goods actually received. She must see that goods are issued only on suitable requisition forms duly signed by herself or others appointed to do so. She must keep a careful record of the time of her employees and report same on suitable forms to the timekeeper. She must know something of filing and of office management. Any courses she may have had in business administration or bookkeeping will be very helpful. Above all, she must buy wisely. She must know foods and how to buy them in quantity; she must know market conditions.

The above managerial duties may or may not be assigned to any one dietitian—a marathon indeed if she accomplishes them all equally well. The above outline should represent that of a department of dietetics, rather than that of a single dietitian.

The training, therefore, must not only be general for background, but must also be specific with application to the job at hand.—Hospital Management.

## Problems in the Laundry

(Continued from page 21.)

malt product to convert the starch into soluble compounds. Whether or not hydrocellulose, a derivative of cellulose, is formed, with a corresponding loss in mechanical strength, depends upon the care and skill of the operators.

After rinsing, the goods (which are sewed into one continuous piece several thousand yards in length) are plaited down in a boiling kier or tank and submitted to one or two alkali boils usually of twelve to fourteen hours duration.

This is an important operation because usually three or four tons of cloth are treated with boiling alkali solution at one time and any deleterious action would affect the entire yardage. Care must be exercised in the selection of alkalies for this work, as the production of oxycellulose and short

fibre (lint) may readily occur under unscientific conditions.

After the alkali boil, the cloth is passed by continuous process through rinse waters, cold sulphuric or muriatic acid sours, "chemick" or bleach, rinsed, blued, calenderd, etc.

If a second boil is to be given the same cloth, it is rinsed after souring, and returned to the kier. After this boil it is rinsed, soured, bleached, etc. as just described.

Upon leaving the kier, the cloth is fed in rope-like form through porcelain pot-eyes and passed in motion through the various solutions. These solutions are of such strength that the necessary souring and bleaching action is derived "on the run" so to say, but in every bleachery the lengths of goods break several times a day. These breaks usually occur at the points where the sixty yard pieces are sewed together in the singeing room, and the machinery must be stopped at once while the parted ends are brought together and again sewed. During this interval about a hundred yards of cloth will be lying in the sour and another similar section will be lying in the bleach. These sections are over-soured and over-bleached, but when the machinery is again started, they pass on with the good material. But soon or later the effect of such treatment will show up, possibly not until it has gone into service, and some day perhaps the consumer and launderer will be blaming each other, and neither will be right.

An exception to this process is the case where the yarn is bleached prior to conversion into fabric. The yarn is bleached in hank form and is handled more carefully than in piece goods bleaching. Most of the bleached yarn is dyed before being woven, to produce various color patterns.

#### The Problem of "Seconds"

The effect of careful or careless treatment in the dyehouse is one which the layman easily observes. The correct dyes must be selected for a given fabric or yarn, and then these dyes must be correctly applied. In printing processes where acid stripping agents or "discharges" are regularly employed their action must be controlled or regulated, and any remaining chemicals should be carefully rinsed out before finishing.

So it is all through the industry, the textile producer should be keen to appreciate the effect of questionable practices in bleaching, mercerizing, dyeing, scouring and milling of wool, carbonizing of wool (sulphuric acid treatment) degumming and other treatment of silk, the construction of loose weave fabrics where the purpose for which the fabric is intended indicates a closely woven fabric, the use of short fibres where long fibres are indicated, the lack of control of humidity which results in broken threads, the unwise selection of fibres of widely differing properties for the preparation of "union" fabrics, the use of substitutes of known unreliability for the purpose intended, actual "loading" or weighting materials for fraudulent purposes, and the offering of "seconds" without fully acquainting the purchaser by label or otherwise with the fact that normal service should not be expected from such goods.

The problem of "seconds" is really a serious one.

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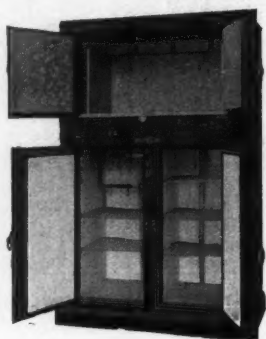
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Any fair minded person will agree that the textile manufacturer must find some outlet for defective goods, and when these goods are purchased at a reduced price they are often good values. However, these seconds are frequently passed on by middlemen who may not be conscientious enough to fully inform their prospective purchasers of the inferior quality of the goods. The unsuspecting consumer pays a normal price for the goods and then is naturally surprised if a failure develops in laundering or in service after a few trips to the laundry. The evil of "seconds" will never be corrected until all producers attach a distinctive label or mark to all defective goods. This will insure protection of the producer, dealer, consumer and laundry.

The textile industry has its problems and difficulties, as any other industry, and there is a tendency to cling to methods and processes handed down for generations. The modern and progressive manufacturer of textiles however, is revising his processes in accordance with present day scientific development, and this tendency is sure to be felt all along the line.

### Responsibility of the User.

Some persons seem to have the idea that the laundryman is a sort of magician; that no matter how much they abuse their wearing apparel, the laundry will restore it to its original condition of soundness and whiteness.

The use of towels, pillow slips, etc., for shining shoes, wiping off windows, dusting, wiping up floors, etc., simply results in the necessity of more vigorous treatment in the laundry and abnormal depreciation.

Careless spillage of medicines, storage battery acid, tar, paint, metal polishes, cosmetics, etc., and scorches produced by cigars or cigarettes, usually produce failures which may not be evident until the article is subjected to the laundering process. It is much like exposing photographic film in taking a picture. The result of the exposure, that is the change in the sensitive emulsion only becomes apparent when the emulsion is treated in the photographer's laboratory.

Any consumer who knowingly purchases "seconds" should not criticize the launderer if a failure develops in a seemingly short period.

The consumer should also appreciate that there is considerable loss in the mechanical strength of the fabrics due to wear. For instance, it has been found that the life of lace curtains is extended if they are washed frequently when merely soiled, rather than allowing them to become very dirty and washing at longer intervals.

Any consumer may greatly assist the launderer in prolonging the life of his goods if he will exercise reasonable judgment in their purchase and use.

### Responsibility of the Launderer.

The launderer should approach his task with an open mind. If, in marking or sorting the articles, possible trouble should be sensed through the appearance of one or more of the pieces, it would be wise to explain this to those in authority.

The launderer should be familiar with the characteristics of the various fabrics, and the best methods of laundering them from the standpoint

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of conserving their life as well as restoring them to a condition of cleanliness and good appearance.

One of the first and most important steps is classification, as accurately as possible, of the various types of goods. This separation enables the launderer to employ vigorous treatment where it is possible and necessary, and less vigorous methods where they are ample to accomplish the results.

The cleansing or washing operation is the heart of the laundering process. In this operation the launderer must clean and conserve, TWO ESSENTIALS OF EQUAL IMPORTANCE. The hospital equips the plant with the best equipment and the launderer's duty is to properly select his cleansing materials.

The modern laundry will be equipped with a soft water supply, the advantages of which are obvious. A good soap and alkaline soap assistant are next required. From the number of high grade chip and powdered soaps on the market and the fact that their actions in the washwheel are identical, the selection of a soap is a relatively easy matter.

#### A Short Review of Detergent Chemistry.

The launderer must however, focus his especial attention upon the alkaline assistant employed. There are several alkaline compounds available, among which are the raw alkalies, caustic soda, and soda ash.

Caustic soda is one of the most destructive agents that could be employed in a laundry washwheel, and is very difficult to rinse away from the fabric.

Soda ash is somewhat milder than caustic, but of its total alkali, only about 11% is available for cleansing purposes. It is valuable as a water softening agent. An accidental overdose of soda ash will prove very destructive to the goods.

Appreciating the demand for something less destructive than soda ash, alkali manufacturers brought out a duplicate of a natural alkali, having a composition practically equivalent to a mixture of equal parts soda ash and sodium bicarbonate (ordinary baking soda). This helped somewhat because the bicarbonate suppressed the hydrolysis of the soda ash present, but it was soon discovered that much of the cleansing value of the soda ash present had been sacrificed and that it was necessary to use about twice as much of these materials (called "modified sodas") to produce the same results. This resulted in much higher costs and an added burden in rinsing.

Perhaps the most important weakness of the modified sodas is the fact that sodium bicarbonate is unstable in the presence of heat and the modifying action is temporary in the same sense that bicarbonate hardness in water is temporary hardness. When sodium bicarbonate breaks down from the action of heat, ordinary soda ash is formed and the most efficient cleansing is not obtained until this action is well developed. In fact much better results are obtained by using modified sodas in soap builds rather than the dry form, because the cooking in the soap kettle converts much of the bicarbonate to soda ash before it is added to the wheel.

The "better results" referred to concern the cleansing efficiency only. The corrosive action of raw soda ash is still present and as undesirable as ever.

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To be effective as a cleansing agent and stimulant for soap, the alkaline assistant must yield considerable active alkali or alkaline hydroxide. In fact the cleansing efficiency is directly proportional to such yield of active alkali. For years the greatest problem of alkali users was to find a combination of active alkali and low corrosive action on the fibres.

#### Ten Minutes for Bleaching.

Bleach is perhaps the most destructive agent employed by the launderer, and its use should be limited as much as possible. It is not best to add bleach in the early part of the suds as the prolonged action at suds temperature may produce unnecessary tendering. Five or ten minutes in the suds or first hot rinse should do the work, and under no conditions should lime be allowed to enter with the bleach.

As far as possible, the use of sours should be confined to those which are volatile, that is, easily evaporated, so that if by chance any should be retained by the fabric, the heat of ironing will drive it out.

Rinsing should be thorough and complete. Rinsing involves the removal of both detergents and dirt and it would be better to give an extra rinse rather than risk incomplete removal of impurities.

Bluing, starching, ironing, etc., are finishing operations which require care and supervision, but do not involve the risks of the earlier treatments.

From the above, it is obvious that the launderer's responsibility is by no means the least of the three. He can only be expected to successfully discharge his responsibility when the producer and user of textiles co-operate to their fullest extent. Many failures attributed to the laundering process are really pre-existing defects which are merely "uncovered" in the act of cleaning.

On the other hand, if a good sound garment is turned over to a laundry for cleansing and returned in a dilapidated condition, the responsibility clearly rests with the launderer, because safe methods of laundering all classes of goods are available.

#### Grant Made to St. Michael's

**Toronto**—Acting upon the favorable report of the Hospital Committee, the Board of Control, at a recent meeting, decided to make a grant of \$150,000 to the Board of Governors of St. Michael's Hospital.

#### Nurse Almey C. Murray Dead

**Toronto**—Miss Almey C. Murray, Superintendent of the nursing staff of the Presbyterian Hospital in Newark, N.J., passed away at that institution on January 22nd from an attack of heart disease. The late Miss Murray was well known in medical and nursing circles in Toronto, where at one time she was Assistant Superintendent of Nurses in the Riverdale Isolation Hospital.

#### Dietitian Visits Other Hospitals

**Hopewell Hill, N.B.**—Miss Frances E. Rogers, formerly of this place, but who is now the dietitian in charge of the metabolism department, Royal Victoria Hospital, Montreal, has left to visit similar departments in several American hospitals by direction of the authorities of the Montreal institution. Her itinerary will include visits to the hospitals at Boston, New York, New Haven and Baltimore.

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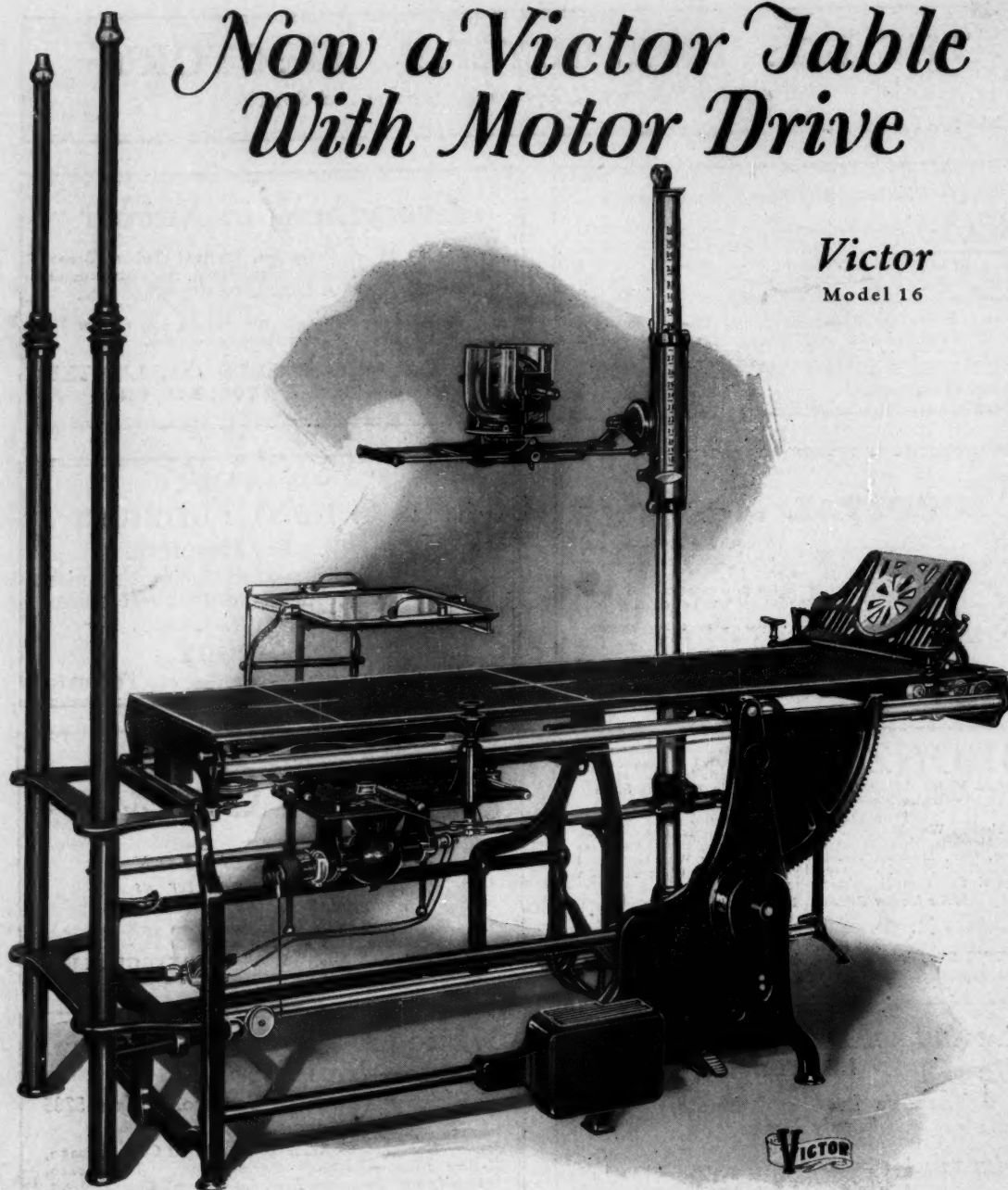
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